

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	NONWOVEN TISSUE SCAFFOLD
Attorney Docket Number::	022956-0261
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Stephanie
Middle Name::	M.
Family Name::	Kladakis
City of Residence::	Watertown
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	56 Boylston Street
City of mailing address::	Watertown
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	02472

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: J.  
Family Name:: Hammer  
City of Residence:: Bridgewater  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 466 Country Club Road  
City of mailing address:: Bridgewater  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08807-2404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Dhanuraj  
Family Name:: Shetty  
City of Residence:: Somerset  
State or Province of Residence:: NJ  
Country of Residence:: US  
Street of mailing address:: 1 JFK Blvd. Franklin Greens  
Apt. #20-A  
City of mailing address:: Somerset  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08873

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Sridevi

Family Name:: Dhanaraj  
City of Residence:: Raritan  
Country of Residence:: NJ  
Street of mailing address:: 3 Roderer Drive  
City of mailing address:: Raritan  
State or Province of mailing address:: NJ  
Postal or Zip Code of mailing address:: 08869

**Correspondence Information**

Correspondence Customer Number:: 021125

**Representative Information**

Representative Customer Number:: 021125

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